

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040392

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 502

FILED OCT 18 1963

| | | | |
|--|---|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | c. CITY OR TOWN Joplin | |
| Length of stay in 1b 53 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital | | d. STREET ADDRESS (If outside, give location) 123 Moffet Avenue | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) HOWARD L. SPICER | | 4. DATE OF DEATH Month Day Year October 13, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-22-1884 |
| 9. AGE (last birthday) 79 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Insurance | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Margaret Kilcullin | |
| 14. NAME OF HUSBAND OR WIFE Edyth Spicer | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT John Spicer, 731 Porter, Joplin, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Encephalomalacia 332</i> DUE TO (b) <i>Cerebral Arteriosclerosis 334</i> DUE TO (c) <i>Sensility</i> | | INTERVAL BETWEEN ONSET AND DEATH 6 mo 10 yrs 10 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Anemia, Nutritional</i> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>11 Oct 63</i> to <i>13 Oct 63</i> and last saw him alive on <i>13 Oct 63</i> Death occurred at <i>1:20 P. M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deed or title) <i>Robert J. Powell M.D.</i> | | 22b. ADDRESS <i>Joplin, Mo.</i> | |
| 22c. DATE SIGNED <i>14 Oct 63</i> | | 22d. LOCATION (City, town, or county) (State) <i>Joplin, Missouri</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10-17-1963 | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem. | |
| 24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-17-1963 | |
| 26. REGISTRAR'S SIGNATURE <i>Noel Merriam</i> | | | |

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 0499

2 0499

3 2

4 0

5 1

6

7 0

8 0

9 332X

10

11

12 3-0

13 20

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 15 1964

1140
1140

0
0
0
0

0-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Dillon Jr., Student Embalmer No. 679

working under my personal supervision.

Student David Dillon Jr.
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.